

## ENTRY BLANK

OUTSIDE CAGE

PLEASE TYPE OR PRINT

☒ Ms.☐ Mr. Artist

Sally Lochridge

(Last Name Last)

Permanent

Address 12718 CEDAR

clev. Hts.

Street

City

OH 44106

Daytime Tel. (216)

321-5301

Zip

Area Code

Temporary or

Studio Address

(same as above)

Street

City

Daytime Tel. ( )

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, in which county were you born? N/A

Collaborator

N/A

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense to this address:

Sally Lochridge

## Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This Entry blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 29, 1986.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature

Sally Lochridge

DO NOT DETACH

DO NOT DETACH

# ENTRY BLANKS

**1**

- ☐ 1. Paintings ☒ 2. Graphics ☐ 3. Photography  
☐ 4. Sculpture ☐ 5. Crafts

Materials

*charcoal on BFK Reeves*

Title *"The Right to Choose"*

Price or NFS  
*\$700*

Insurance Value  
 if NFS Only

Size  
*53" x 42"*

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
 For Sale

Total No. in Edition

Price  
 Unframed

Price of  
 Frame

ACCEPTED

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

*72*

*(2)*

REJECTED

DETACH

**2**

- ☐ 1. Paintings ☒ 2. Graphics ☐ 3. Photography  
☐ 4. Sculpture ☐ 5. Crafts

Materials

*charcoal on BFK Reeves*

Title *untitled*

Price or NFS  
*\$400*

Insurance Value  
 if NFS Only

Size  
*42" x 30"*

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
 For Sale

Total No. in Edition

Price  
 Unframed

Price of  
 Frame

ACCEPTED

DO NOT WRITE IN  
 THIS SECTION

ACCEPTED

RECEIVED

REJECTED

REJECTED

DATE

*X*

*P.B.*

*4/12*

1986 MAY SHOW

The Cleveland Museum of Art  
Cleveland, Ohio 44106

Sally LOCHRIDGE  
Name

12718 CEDAR RD  
Address

Cleveland Heights, OH 44106  
City & State Zip

## NOTIFICATION #2

DO NOT  
DETACH**1**

- ☐ 1. Paintings    ☒ 2. Graphics    ☐ 3. Photography  
☐ 4. Sculpture    ☐ 5. Crafts

Title

*"The Right To Choose"*

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

*72**(2)**X***2**

- ☐ 1. Paintings    ☒ 2. Graphics    ☐ 3. Photography  
☐ 4. Sculpture    ☐ 5. Crafts

Title

*untitled*

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

*X*

RETURN OF OBJECTS:

REJECTED: MAY 6-10

ACCEPTED: JULY 8-12

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

This is your only receipt to claim your object(s).